Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

For the 2022 calendar year, or tax year beginning 10/01. 2022, and ending 9/30 , **20** 2023 Check if applicable: D Employer identification number Address change FRIENDS OF DALLAS ANIMAL SERVICES 83-4099633 2911 TURTLE CREEK BLVD. #300 Telephone number Name change DALLAS, TX 75219 Initial return Final return/terminated Amended return **G** Gross receipts \$ 550,669. F Name and address of principal officer: H(a) Is this a group return for subordinates X Application pending Yes Anne Ellis **H(b)** Are all subordinates included? If "No," attach a list. See instructions. No Same As C Above Yes Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) ((insert no.) Website: N/A H(c) Group exemption number X Corporation M State of legal domicile: TX Form of organization: Association L Year of formation: 2019 Part I Summary Briefly describe the organization's mission or most significant activities: To conduct activities related to the welfare of animals & to support Dallas Animal Services. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 4 5 0 Total number of volunteers (estimate if necessary)..... 6 10 Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 502,060 550,669. Program service revenue (Part VIII, line 2g)..... 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 502,060. 550,669 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 354,990 Benefits paid to or for members (Part IX, column (A), line 4)..... 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... 28,836. 4,665. Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 26,597. 414,784. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).... 410,423. 419,449. Revenue less expenses. Subtract line 18 from line 12..... 91,637. 131,220. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16)..... 583,958. 446,013. 21 10,846.4,121. Net assets or fund balances. Subtract line 21 from line 20..... 22 441,892. 573,112. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign Here Anne Ellis Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Scott Scarborough P02047894 **Paid** Scott Scarborough self-employed Preparer Firm's name Hankins Eastup Deaton Tonn Seay & Scarbo Use Only Firm's address 902 N. Locus St. Firm's EIN 92-1159566 330-388-0509 Denton, TX 76201 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Nο

rai	3	a response or note to any line in this P	art III	
1	Briefly describe the organization's mi		art III	
'	-		Fita Dallas Animal Con	riana (DAC) br
		1 Services directly bene		
		<u>ervices that futher its </u>		
	of shelter animals and	<u>finding positive outcome</u>	<u>s for all placeable pe</u>	<u>:s.</u>
	Did the organization undertake any sign	ficant program services during the year whether	aich ware not listed on the prior	
2			•	
		0-h-dd-0		Yes X No
_	If "Yes," describe these new services on			
3		g, or make significant changes in how i	t conducts, any program services?.	Yes X No
	If "Yes," describe these changes on Sch			
4	Section 501(c)(3) and 501(c)(4) organization	service accomplishments for each of its nizations are required to report the amo	three largest program services, as	measured by expenses.
	and revenue, if any, for each program	service reported.	and or grants and anodations to our	oro, trio total experiess,
4a	(Code:) (Expenses \$	378,865. including grants of	\$) (Revenue	\$)
	Provided funding to Dal	las Animal Services for l		tovs and other
		es of shelter animals; c		
		cal supplies; and other i		
	Services.	-		
4b	(Code:) (Expenses \$	including grants of	\$) (Revenue	\$)
			. — — — — — — — — — — — — — — — — — — —	
			. – – – – – – – – – – – – .	
			. — — — — — — — — — — — — — — — — — — —	
Δc	(Code:) (Expenses \$	including grants of	\$) (Revenue	\$)
-10	(Содо) (Ехропосо 4) (10001100	⁺ ′
			. — — — — — — — — — — — — — — — — — — —	
4d	Other program services (Describe on	Schedule O.)		_
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	378,865.	,,,	,
	•	,		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		X
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022) FRIENDS OF DALLAS ANIMAL SERVICES Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	NO
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
D A A	(gambling) winnings to prize winners?	1c	990	(0000

Form 990 (2022) FRIENDS OF DALLAS ANIMAL SERVICES

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule 0.</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
·	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h		
•	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	,		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ı Ja		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 4 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Did the organization have members or stockholders?..... Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ X **14** Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records. Anne Ellis 2014 Lakeland Dr. Dallas TX 75218 (214) 908-2202

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(C))					
(A) Name and title	(B) Average hours per	Pos thar is	both dir	an o ector/	ot che unles fficer truste	eck mo s pers and a ee)		Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
_(1) WENDY REINER	40							_	_	_
Executive Dir.	0	X		Χ				0.	0.	0.
_(2) ANNE ELLIS Treasurer	$-\frac{15}{0}$	Х		Х				0.	0.	0.
(3) STEVE GELLINSKE	1							•		
Secretary	0	Χ		Χ				0.	0.	0.
_(4) STEPHANIE FOX	_ <u>15</u> _									
Director	0	Χ						0.	0.	0.
<u>(6)</u>										
<u>(7)</u>										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII	Section A. Officers, Directors, Tri	(B)	ney	EII	1D10	_	es,	and	a nignest Com	ipensated Empi	oyees	(cont	inuea)
		, ,			•	•	than		(D)	(F)		(E)	
	(A) Name and title	Average hours per	box	, unle	ess pe	erson	than is both or/trus	h an	(D) Reportable	(E) Reportable	Estim	(F) ated am	nount
		week (list any		_					compensation from the organization (W-2/1099-	compensation from related organizations (W-2/1099-	compe	of other nsation	from
		hours for	Individual or director	stituti	Officer	ey en	ghest nploy	Former	MISC/1099-NEC)	MISC/1099-NEC)	an	rganiza d relate	ed .
		related organiza - tions	ctor tr	onal	_	Key employee	ee t com				org	anizatio	115
		below dotted	ndividual trustee or director	institutional trustee		ee	Highest compensated employee						
		line)		ee			ated						
(15)													
(16)		 											
(17)													
<u> </u>		1											
(18)													
(19)													
(20)													
		1											
(21)													
(22)													
(23)													
			•										
(24)		 											
(25)													
(23)													
1b Subtot	al								0.	0.			0.
	rom continuation sheets to Part VII, Secti								0.	0.			0.
	add lines 1b and 1c)								0.	0.	oncatio		0.
	in per of individuals (including but not limited $ ho$	1 10 111056 1	isteu	abu	ve) v	WHO	recer	veu	more than \$100,00	o or reportable comp	ensano	1	
	<u> </u>											Yes	No
3 Did the	organization list any former officer, direct	tor, truste	e, ke	ey e	mple	oyee	e, or	high	nest compensated	employee			ļ.,
	1a? If "Yes, "complete Schedule J for suc										. 3		X
4 For any the org	rindividual listed on line 1a, is the sum o anization and related organizations great	f reportab er than \$1	le co 50,0	тре 00?	ensa If "	ation Yes,	and " con	oth <i>nple</i>	er compensation e <i>te Schedule J for</i>	from			
such ir	ndividual										. 4		X
5 Did any for serv	y person listed on line 1a receive or accruvices rendered to the organization? If "Ye	ie comper s," comple	isatic <i>ete S</i>	n fr <i>che</i>	om <i>dule</i>	any J fo	unre or su	late ch p	ed organization or oerson	individual	. 5		Х
Section B	. Independent Contractors											ı	
1 Comple comper	ete this table for your five highest comper sation from the organization. Report comper	nsated indessation for	epen the c	deni alen	t coı dar	ntra year	ctors endi	tha ng v	it received more th vith or within the or	han \$100,000 of ganization's tax year			
	(A) Name and business add								(B)		(C)	
-	Name and business add	iress							Description (of services	Compe	nsatio	วท
	umber of independent contractors (including logon of compensation from the organization		ited to	o tho	ose I	listed	d abo	ve)	who received more	than			
Φ100,0	oo or compensation from the organization	0											

Form 990 (2022) FRIENDS OF DALLAS ANIMAL SERVICES 83-4099633 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue ts, Grants, Amounts 1a Federated campaigns **b** Membership dues..... 1b c Fundraising events..... 1c Gifts, **d** Related organizations..... 1d e Government grants (contributions) 1e Contributions, and Other Sin f All other contributions, gifts, grants, and similar amounts not included above . . . 1f 550,669 Noncash contributions included in 1g 45,982 lines 1a-1f. h Total. Add lines 1a-1f 550,669 **Business Code** Program Service Revenue 2a h All other program service revenue. . . g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c **d** Net rental income or (loss) (i) Securities (ii) Other **7a** Gross amount from sales of assets 7a other than inventory **b** Less: cost or other basis 7b and sales expenses c Gain or (loss)..... 7с d Net gain or (loss)..... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 8b **b** Less: direct expenses..... 9a Gross income from gaming activities. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less..... returns and allowances. l Oa **b** Less: cost of goods sold.... 10b Not income or (local from color of in

	С	THE LITCOITIE OF (1055) ITOTTI Sales OF ITIVE	entory		
			Business Code		
ē	11a	All other revenue			
ž	b				
Š	С				
Š	d	All other revenue			
	е	Total. Add lines 11a-11d			

Miscellaneous

12

550,669

0

0

Total revenue. See instructions.....

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
--

Do i	Check if Schedule O contains a re	(A)	(B)	(C)	(D)
	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	Ŭ.	0.	0.	•
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	10,576.		10,576.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	4,665.			4,665.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
12	(A), amount, list line 11g expenses on Schedule 0.)	13,026.			13,026.
13	Office expenses	209.			209.
14	Information technology	2,722.		2,722.	203.
15	Royalties	2,722,		2,722,	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	598.		598.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	Program Services	378,865.	378,865.		
b	Credit Card Processing Fees	6,030.			6,030.
С	Printing and Publications	2,118.			2,118.
d		640.			640.
e	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e	419,449.	378,865.	13,896.	26,688.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following				
	SOP 98-2 (ASC 958-720)		378,865.	13,896.	24,570.

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	<u></u>	<u></u>	·
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing.	402,584.	1	511,056.
	2	Savings and temporary cash investments.		2	
	3	Pledges and grants receivable, net	43,429.	3	
	4	Accounts receivable, net		4	72,902.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net.		7	
Ø	8	Inventories for sale or use.		8	
Assets	9	Prepaid expenses and deferred charges		9	
As	-	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation		10c	
	11	Investments – publicly traded securities.		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	446,013.	16	583,958.
	17	Accounts payable and accrued expenses		17	10,846.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule	D.	25	
	26	Total liabilities. Add lines 17 through 25	4,121.	26	10,846.
Ices		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ā	27	Net assets without donor restrictions	441,876.	27	560,834.
Ba	28	Net assets with donor restrictions	16.	28	12,278.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
इं	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
t A	32	Total net assets or fund balances		32	573,112.
ş	33	Total liabilities and net assets/fund balances	,	33	583,958.
	_	TTT 10141 00 00 100	,		

BAA TEEA0111L 09/01/22 Form **990** (2022)

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	50,6	569.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	19,4	149.
3	Revenue less expenses. Subtract line 2 from line 1	3			220.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			392.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			-
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	5	73,	<u>12.</u>
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				. Ц
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Х
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ				
	basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	t, 	. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?	Uniform	. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
BAA	TEEA0112L 09/01/22		Form	990	(2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

	Name of the organization Employer identification number							
	<u>ENDS OF DALLAS ANIMAI</u>					83-409963		
	Reason for Public Cha	<u>`</u>				1 /	ctions.	
The c	organization is not a private found				•	•		
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	A hospital or a cooperative h							
4	A medical research organiza	tion operated in con	junction with a hospital	describe	d in sec	tion 170(b)(1)(A)(iii). E	Inter the hospital's	
	name, city, and state:							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8	A community trust described	in section 170(b)(1)	(A)(vi). (Complete Part	1.)				
9	An agricultural research organi				oniunctio	on with a land-grant colle	ene	
•	or university or a non-land-grain university:							
10	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
11	An organization organized a	nd operated exclusiv	ely to test for public safe	ety. See	section	1 509(a)(4).		
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
а	Type I. A supporting organization organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elec	ed, or controlled by its sur	ported o	organizat	ion(s), typically by givino	g the supported on. You must	
b								
С	Type III functionally integrated organization(s) (see instruction	. A supporting organiza	ation operated in connection	n with, a	nd function	onally integrated with, its	supported	
d	Type III non-functionally integ functionally integrated. The cinstructions). You must com	rated. A supporting or organization generall	ganization operated in cor www.ganization operated in cor www.ganization.com	nnection	with its s	supported organization(s t and an attentiveness) that is not requirement (see	
е	Check this box if the organiz integrated, or Type III non-fu	ation received a writ	ten determination from	the IRS	that it is	a Type I, Type II, Typ	e III functionally	
f	Enter the number of supported							
g	Provide the following informatio		ed organization(s).					
	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the tion listed poverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
<u>\-/</u>								
(D)								
• •								
(E)								
· •								
Total								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

ndar year (or fiscal year nning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2018 48, 879.	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
membership fees received. (Do not include any "unusual grants.")	48,879.							
organization's benefit and either paid to or expended		173,764.	426,047.	502,060.	550,669.	1,701,419.		
on its behalf						0.		
The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	48,879.	173,764.	426,047.	502,060.	550,669.	1,701,419.		
Public support. Subtract line 5 from line 4						1,701,419.		
ion B. Total Support								
ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
Amounts from line 4	48,879.	173,764.	426,047.	502,060.	550,669.	1,701,419.		
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.		
Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.		
Total support. Add lines 7 through 10						1,701,419.		
Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.		
organization, check this box and	stop here		third, fourth, or fi	fth tax year as a s	section 501(c)(3)			
ion C. Computation of Pul	olic Support P	ercentage			•			
						100.00%		
6a 33-1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box								
and stop here. The organization qualifies as a publicly supported organization. X b 33-1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
or more, and if the organization	meets the facts-ar	nd-circumstances	test, check this b	ox and stop here	Explain in Part	VI how		
or more, and if the organization organization meets the facts-and	meets the facts-a l-circumstances te	nd-circumstances est. The organizati	test, check this bon qualifies as a	oox and stop here publicly supported	Explain in Part d organization.	VI how the		
	on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. Add lines 7 through 10 Gross receipts from related activ First 5 years. If the Form 990 is organization, check this box and income. The organization of Pullic support percentage for 20 Public support percentage for 20 Public support percentage from 33-1/3% support test—2022. If the and stop here. The organization of 10%-facts-and-circumstances teor more, and if the organization the organization meets the facts-and-organization meets the facts-and-organizatio	on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4 Total Support Idar year (or fiscal year ming in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see ins First 5 years. If the Form 990 is for the organization organization, check this box and stop here ion C. Computation of Public Support Public support percentage for 2022 (line 6, column Public support percentage from 2021 Schedule A, 33-1/3% support test—2022. If the organization diand stop here. The organization qualifies as a put 10%-facts-and-circumstances test—2021. If the organization meets the facts-and-circumstances test—2021. If the organization meets the facts-and-circumstanc	ni its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4 Tom B. Total Support Idar year (or fiscal year ming in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. Add lines 7 through 10 Trotal support percentage for 2022 (line 6, column (f), divided by line public support percentage for 2022 (line 6, column (f), divided by line public support percentage from 2021 Schedule A, Part II, line 14 33-1/3% support test—2022. If the organization did not check the band stop here. The organization qualifies as a publicly supported or more, and if the organization meets the facts-and-circumstances test. The organization meets the facts-and-circumstances organization meets the facts-and-circumstances reganization meets the facts-and-circumstances organization meets the facts-and-circumstances test. The organization meets the facts-and-circumstances organization meets the facts-and-circumstances test. The organization meets the facts-and-circumstances organization meets the facts-and-circumstances test. The organization meets the	on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from unrelated business activities, whether on not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. Add lines 7 through 10. Total support percentage from 2022 (line 6, column (f), divided by line 11, column (f)) Public support percentage from 2021 Schedule A, Part II, line 14. 33-1/3% support test—2022. If the organization did not check the box on line 13 and stop here. The organization qualifies as a publicly supported organization. 33-1/3% support test—2022. If the organization did not check a box on line 13 or 16a and stop here. The organization meets the facts-and-circumstances test, check this be organization meets the facts-and-circumstances test. The organization qualifies as a not or more, and if the organization meets the facts-and-circumstances test, check this be organization meets the facts-and-circumstances test. The organization qualifies as a not or more, and if the organization meets the facts-and-circumstances test, check this be organization meets the facts-and-circumstances test. The organization or or more, and if the organization meets the facts-and-circumstances test. The organization organization meets the facts-and-circumstances test. The organization or or mo	on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3	on its behalf. The value of services or Tacillities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (1). Public support. Subtract line 5 from line 4 Amounts from line 4 48,879. 173,764. 426,047. 502,060. 550,669. Total Add syar (or fiscal year line) in the standard system of the standard system of the standard system of the system		

Schedule A (Form 990) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	,	<u> </u>				
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	fifth tax year as a	section 501(c)(3)
	tion C. Computation of Pul			10		I	- 1
	Public support percentage for 20	•			•		
	Public support percentage from 2					10	6 8
	tion D. Computation of Inv				(0)	T ==	• 0
	Investment income percentage for	•	• • •	-			
	Investment income percentage for						
19a	33-1/3% support tests—2022. If t is not more than 33-1/3%, check	the organization of this box and sto	p here. The organ	ization qualifies	nd line 15 is more as a publicly supp	tnan 33-1/3%, orted organizat	ion
b	33-1/3% support tests—2021. If the line 18 is not more than 33-1/3%						

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was			
2-	describéd in séction 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b	2		
	and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990)</i> .	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

BAA TEEA0404L 09/09/22 Schedule A (Form 990) 2022

Pa	rt IV	Supporting Organizations (continued)			
-11	l laa i	the averagination accorded a gift or contribution from any of the following payment?		Yes	No
		the organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
		overning body of a supported organization?	11a		
ı	A fan	nily member of a person described on line 11a above?	11b		
		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	ction	B. Type I Supporting Organizations		1	
	D: 1 4			Yes	No
ı	or mo office organ than were	the governing body, members of the governing body, officers acting in their official capacity, or membership of one core supported organizations have the power to regularly appoint or elect at least a majority of the organization's ters, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers to get the tax year.	1		
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	ction	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ich of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
		orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion	D. All Type III Supporting Organizations			
		2		Yes	No
1	Did ti orgar	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year,	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	orgai	ilzation's governing documents in effect on the date of notification, to the extent not previously provided:	•		
2	Were	eany of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the o	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tir	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played is regard.	3		
Sec	ction	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
		The organization satisfied the Activities Test. Complete line 2 below.			
	듬	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
				4:	-\
	с 📙 і	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	ııısırı	action:	S).
2	Activ	ities Test. Answer lines 2a and 2b below.		Yes	No
	suppo orga	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported inizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
	more	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the cons for the organization's position that its supported organization(s) would have engaged in these activities			
		or the organization's involvement.	2b		
3	Pare	nt of Supported Organizations. Answer lines 3a and 3b below.			
	a Did tl each	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Organic			777033 Tage (
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	v. 20, 1970 (explain in t complete Sections A	n Part VI). See through E.
Sec	tion A — Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
- 1	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

BAA Schedule A (Form 990) 2022

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sec	tion D - Distributions	•	Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes	1						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3						
4	Amounts paid to acquire exempt-use assets	4						
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5						
6	Other distributions (describe in Part VI). See instructions.	6						
_ 7	Total annual distributions. Add lines 1 through 6.	7						
8	Distributions to attentive supported organizations to which the organization is responsive (provide details							
	in Part VI). See instructions.	8						
9	Distributable amount for 2022 from Section C, line 6	9						
10	Line 8 amount divided by line 9 amount	10						

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
i Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section 4, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

BAA TEEA0408L 09/09/22 Schedule A (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

Go to www.irs.gov/Form990 for instructions and the latest information.

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 83-4099633

FR	IENDS (F DALLAS ANIMAL S	SERVICES			83-	40996	33		
Pai	rtI Typ	es of Property								
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metl noncast	(c nod of c n contrib	d) determin bution a	iing mounts
1		orks of art								
2		storical treasures								
3		actional interests								
4		nd publications								
5		and household goods								
6		other vehicles								
7		d planes								
8		al property								
9		s – Publicly traded								
10		s – Closely held stock								
11		s – Partnership, LLC, or tru								
12		s – Miscellaneous								
13		conservation contribution -								
14	Qualified	conservation contribution -	- Other							
15	Real esta	ate – Residential								
16	Real esta	ate – Commercial								
17		ate – Other								
18		es								
19		entory								
20		d medical supplies								
21		ìy								
22		l artifacts								
23		specimens								
24		gical artifacts								
25	Other	(Nylabones			1					
26	Other	(Animal Supplies		Х	1	,				
27	Other	(Kongs		X X	<u>1</u>					
28	Other	(Animal Supplies					rair	value	3	
29		f Forms 8283 received by the tion completed Form 8283,					29			
	or garniza	don completed form c250,	. a.t v, Bonoc	7 101111011104	Jonnon (Yes	No
20	Di.a a. Ha			L. Alamanan	and the second section of the s	lines 1 Henry J. 00 Heat				
30a	it must h	e year, did the organization re old for at least 3 years from	n the date of tl	he initial con	tribution, and which is	n't required to be used		20 -		37
L		pt purposes for the entire h describe the arrangement in F	٠,					30 a		X
31		organization have a gift ac		cv that requir	res the review of anv r	nonstandard contributio	ns?	31		Х
		organization hire or use th								- 11
	contribut	ions?	•	•				32 a		X
		describe in Part II.	mount in octu	mn (c) for a	tung of proporty for wi	hich column (a) is chas	kod			
3 5		anization didn't report an a in Part II.	mount in colu	iiii (c) ioi a	type of property for wi	men column (a) is chec	neu,			

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 07/12/22 Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

83-4099633

FRIENDS OF DALLAS ANIMAL SERVICES

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

Form 990, Part VI, Section A, Line 2:

Wendy Reiner & Steve Gelinske have a family relationship.

Form 990, Part VI, Section A, Line 8B:

The organization does not have a committee with authority to act on behalf of the organization.

Form 990. Part VI. Section B. Line 11B:

Each director is sent a copy of the 990 before filing for review. During the preparation of the 990, the treasurer and executive director/president work together with Hankins & Eastup review team and tax team to make sure all of the information is complete & accurate.

Form 990, Part VI, Section B, Line 12C:

Friends of Dallas Animal Services abides by the Association of Fundraising Professionals code of ethical standards including the section on public trust, transparency, and conflicts of interests requiring all officers and directors to refrain from engaging in activities that conflict with their fiduciary, ethical & legal obligations to Friends of Dallas Animal Services and Dallas Animal Services (the organization supported by Friends of Dallas Animal Services) and to disclose all potential and actual conflicts of interest. Friends of Dallas Animal Services is also required under its MOU with Dallas Animal Services the City of Dallas (owner of Dallas Animal Services) to disclose any conflicts of interest with the City of Dallas in order for the MOU to remain in effect.

Form 990, Part VI, Section B, Line 15:

Name of the organization	Employer identification number
FRIENDS OF DALLAS ANIMAL SERVICES	83-4099633

All Friends of Dallas Animal Services directors and officers are all volunteers. There are no compensated employees.

Form 990, Part VI, Section C, Line 19:

Organization's financial statements and independent accountants' review report is presented to the City of Dallas. Organization's financial statements and independent accountants' review report, Form 990, and other documents are available to the public upon request.

TEEA4902L 07/22/22